

Document Code: IMIS

Notice of Fee Due

Date:

10-17-7

Application Number:

10 668 499

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

***If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

- Insufficient payment by check or money order.
- Insufficient funds in deposit account \$12.5
- Insufficient payment by credit card.
- Declined credit card.
- No authorization to charge a deposit account.

Fee code(s) to be applied:

1403

1030

Amount in holding fee code:

1622

2622

1999

Total remaining due from applicant:

81 10 30

RAM Operator

Deposit Account Maintenance

Deposit Account Window Help

Deposit Account

Number:	503005	Current Balance:	125.00
1:08			
Holder			
Name:	TYCO HEALTHCARE RETAIL SERVICES AG		
Address			
Attention:	SONJA LOOSLI		
Street:	BAHNHOFSTRASSE 29		
	P O BOX 1571		
Province:	CH 8201		
City:	SCHAFFHAUSEN		
State:	<input type="button" value="▼"/>	Postal Code:	<input type="text"/>
Country:	<input type="button" value="CH"/>		
Telephone:	41-52-633-0240	Fax:	41-52-633-0259
Details			
Category Code:	NONGOVNMNT	Type:	REGULAR
Notification Amt:	0.00	Status:	<input type="radio"/> Active <input type="radio"/> Closed
Available Balance:	125.00	<input checked="" type="checkbox"/> Print Monthly Statement	
		SSANDARA	10/17/2007

User not listed.